

NEW HAMPSHIRE SPECIFIC INSTRUCTIONS FOR NH BRANCH MANAGERS

MU2 FILING AND ATTACHMENTS - For purposes of filing Forms MU3, **each individual listed as a branch manager must file a MU2 Control Persons Information form** in New Hampshire; they are considered to be *principals* and therefore *control persons* under NH law. That means that for each individual listed on the MU3, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, **one (1)** fingerprint card and a \$39 records check fee. All forms may be obtained at our website at www.nh.gov/banking/consumer.html.

AMENDMENTS – The *applicant/licensee* must promptly update information on both the Branch Form MU2 and on the Branch Manager's Individual Disclosure Form MU2 if it becomes materially inaccurate and when a branch manager leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the branch manager.

UNIFORM MORTGAGE BRANCH OFFICE FORM FORM MU3 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU3 is the Branch Office form accompanying the Form MU1-Uniform Mortgage Lender/Mortgage Broker form. An *applicant* for a Mortgage Lender or a Mortgage Broker license may apply for a branch office to *jurisdiction(s)* that have adopted the uniform Form MU3. The *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction*-specific requirements relating to branch offices.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information about a branch office, as required in each applicable *jurisdiction*, by submitting amendments using Form MU3. When filing an amendment, check the "amendment" box on line 1, provide the *applicant* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 6a or 7 through 14. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU3.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form MU1 (company's main office) as the contact employee will be contacted by *jurisdiction(s)* if needed, about this branch form MU3.
7. **SURRENDER / CLOSE**– When an *applicant* decides to cease operations under the license/registration, at one or more branches, use the Form MU3 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 2, and 7. Send the original license/registration document (if any was issued) to the *jurisdiction(s)* along with the Form MU3 to surrender. Use the Form MU1 to notify *jurisdiction(s)* if the entire company will cease operations under the license/registration. Consult each *jurisdiction* concerning additional specific requirements at closure.

B. FILING INSTRUCTIONS

8. **FORMAT**
 - A. Form MU3 may accompany a new company filing on Form MU1, or may follow the Form MU1 later. A fully completed Form MU3 must be submitted to each applicable *jurisdiction* when the *applicant* is filing for branch authorization the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific branch filing requirements, including applicable fees.
 - B. The Execution section must include notarized original manual signature for the initial Form MU3 filing for each branch office.
 - C. Type all information.
 - D. Use only the current version of Form MU3 or a reproduction of it.
9. **ATTACHMENTS**
 - A. File a Form MU2 for each branch manager identified in item 6.
 - B. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s) as seen in item 5. Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
 - C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the branch office may need to file a Form MU4. Please consult the applicable *jurisdiction(s)* to verify the requirements there.
10. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, branch-related bonding, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU3

APPLICANT – The mortgage lender or mortgage broker applying on or amending information on this form for a branch license/registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

PERSON – An individual, partnership, corporation, trust, or other organization.

FORM MU3 (Branch)	UNIFORM MORTGAGE BRANCH OFFICE FORM <i>Applicant</i> full legal name: _____ Date of Filing: _____ Effective Date: _____	MORTGAGE BROKER <input type="checkbox"/> MORTGAGE LENDER <input type="checkbox"/> MORTGAGE SERVICER <input type="checkbox"/>
WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the <i>jurisdictions</i> and may result in disciplinary, administrative, injunctive or criminal action.		
1.	NEW BRANCH APPLICATION <input type="checkbox"/> SURRENDER <input type="checkbox"/> AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>	
2.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3.	_____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a. _____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	_____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website	4a. _____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website
5.	_____ Trade name or "dba" used at this branch	5a. _____ NEW Trade name or "dba" used at this branch
6.	_____ Branch Manager Name _____ Supervisor Name	6a. _____ NEW Branch Manager Name _____ NEW Supervisor Name
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she is an officer of the <i>applicant</i> and has executed this form on behalf of, and with the authority of, said <i>applicant</i> . The undersigned and <i>applicant</i> represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and <i>applicant</i> further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Notary seal here</p> </div> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div> Date (MM/DD/YYYY) Subscribed & Sworn before me on this _____ day of _____ Month Year </div> <div> Signature of authorized party _____ Print Notary Public name _____ Notary Public Signature </div> <div> by _____ Print authorized party name _____ at _____ State County </div> <div> Title _____ Notary Appointment Expires (MM/DD/YYYY) </div> </div> </div> </div>		
<i>This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</i>		

Applicant full legal name: _____

7.	Physical address of location where the official books and records generated by this branch office will be kept. Check each <i>jurisdiction</i> for specific records retention requirements.									
Organization Name (if different from <i>applicant</i>) or Records Custodian Name					Area Code		Telephone Number			
Number and Street			City		State		Country		Zip+4/Postal Code	
8	Enter appropriate number in the box(es) for each <i>jurisdiction</i> by location: Enter "1" if <i>applicant</i> is newly applying in that <i>jurisdiction</i> as a mortgage branch office. Enter "2" if <i>applicant</i> has a pending application in that <i>jurisdiction</i> as a mortgage branch office. Enter "3" if <i>applicant</i> is already licensed/registered in that <i>jurisdiction</i> as a mortgage branch office.									
Alabama		Georgia		Maryland		New Mexico		South Dakota		
Alaska		Guam		Massachusetts		New York		Tennessee		
Arizona		Hawaii		Michigan		North Carolina		Texas – OCCC		
Arkansas		Idaho		Minnesota		North Dakota		Texas – SML		
California – DOC		Illinois		Mississippi		Ohio		Utah		
California – DRE		Indiana		Missouri		Oklahoma		Vermont		
Colorado		Iowa		Montana		Oregon		Virginia		
Connecticut		Kansas		Nebraska		Pennsylvania		Washington		
Delaware		Kentucky		Nevada		Puerto Rico		West Virginia		
District of Columbia		Louisiana		New Hampshire		Rhode Island		Wisconsin		
Florida		Maine		New Jersey		South Carolina		Wyoming		
9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).								YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting mortgage loans: (a) with respect to employment? (b) with respect to compensation?								YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
11.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: (b) _____ If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:								YES <input type="checkbox"/>	NO <input type="checkbox"/>
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)				Address, City, ST, Zip		Telephone		SSN, IRS Tax No. or Employer ID		Separately Licensed? YES NO
										<input type="checkbox"/> <input type="checkbox"/>
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